MONTHLY REPORT OF TAX ON TRANSIENT OCCUPANCIES
CITY OF LONG BEACH, CALIFORNIA

Name of
Reporting
Hotel, Motel, etc.. _____   Account # _____

Address _____   Telephone _____

Owner's Name _____   Telephone _____

REPORTING YEAR _____   CHECK REPORTING MONTH IN BOX BELOW

☐ JANUARY ☐ APRIL ☐ JULY ☐ OCTOBER

☐ FEBRUARY ☐ MAY ☐ AUGUST ☐ NOVEMBER

☐ MARCH ☐ JUNE ☐ SEPTEMBER ☐ DECEMBER

NOTE:PER LONG BEACH MUNICIPAL CODE 3.64.070 ALL LINES MUST BE FILLED IN
***********************************FILL IN AND RETURN, EVEN IF ZERO TAX IS DUE**********************

FILL IN INFORMATION BELOW TO COMPUTE YOUR TRANSIENT TAX DUE.
ADD 25% PENALTY TO LINE F IF NOT PAID BY THE LAST DAY OF THE MONTH DUE.
50% PENALTY WILL BE ADDED IF NOT PAID BY THE LAST DAY OF THE FOLLOWING MONTH.

A. ENTER TOTAL RENTAL RECEIPTS   A. _____

    A-1. ENTER RENTAL RECEIPTS EXEMPT UNDER
           LONG BEACH MUNCIPAL CODE 3.64.040
           (GOVERNMENT EMPLOYEE EXEMPT)   A-1 _____

    A-2. ENTER RENTAL RECEIPTS FOR NON-
           TRANSIENTS   A-2 _____

    A-3. IF APPLICABLE, ENTER RENTAL RECEIPTS FROM
           PRIOR REPORTS FOR OCCUPANTS WHO
           COMPLETED 31 CONSECUTIVE DAYS TO QUALIFY
           AS A NON-TRANSIENT.   A-3 _____

B. ENTER TOTAL LINES (A-1, A-2, & A-3 AND COMPLETE REVERS OF FORM   B. _____

C. **TOTAL TAXABLE RECEIPTS** (LINE A MINUS LINE B)   **C.** _____

D. TRANSIENT TAX ADVERTISING AND PROMOTION FUND, TAX DUE (LINE C MULTIPLIED BY .06 (6%))   D. _____

E. TRANSIENT TAX GENERAL PURPOSE FUND, TAX DUE (LINE C MULTIPLIED BY .06 (6%))   E. _____

F. CURRENT TRANSIENT OCCUPANCY TAX DUE (ADD LINES D & E)   F. _____

G. PREVIOUS ACCOUNT BALANCE OR CREDIT   G. _____

H. **TOTAL TRANSIENT OCCUPANCY TAX DUE(TOTAL LINES F & G)**   H. _____

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE, CORRECT, AND COMPLETE, IN COMPLIANCE WITH THE PROVISIONS OF THE LONG BEACH MUNICIPAL CODE.

_____   _____   _____   _____
SIGNED BY OPERATOR/AGENT   TITLE   DATE   CITY AND STATE EXECUTED

If the requested information is not provided in its entirety, no exemption will be allowed.

City of Long Beach
Business License Section
Lobby-City Hall
333 W. Ocean Blvd.
Long Beach, CA 90802-4664

Please make sure the above return address appears in the window of the enclosed envelope.

Section A-1:

For each exemption claimed for state and federal government employees, list the following:

Unit	Full Name of Occupant	Occupancy Dates (to – from)	Amount Exempt	Nature of Business
		-	$	
		-	$	
		-	$	

(Attach a separate sheet if more space is required)

Section A-2:

For each exemption claimed for non-transients, list the following:

Unit	Full Name of Occupant	Occupancy Dates (to – from)	Amount Exempt	Nature of Business
		-	$	
		-	$	
		-	$	

(Attach a separate sheet if more space is required)

Section A-3:

For each exemption claimed for tax paid on prior year reports for non-transients, list the following:

Unit	Full Name of Occupant	Occupancy Dates (to – from)	Amount Exempt	Nature of Business
		-		
		-		
		-		

(Attach a separate sheet if more space is required)